



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YES! I'd like to GIVE to the **SAVE OUR POOL!** Drive:

DONOR INFORMATION

First Name: _____ Last Name: _____

Business OR Recognition Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

PAYMENT & GIFT AMOUNT

Levels of Giving:

- ___ \$100K
- ___ \$25K
- ___ \$10K
- ___ \$5K
- ___ \$1K
- ___ CUSTOM: _____

- ◇ Check- Make payable to the Waynesboro Area YMCA
- ◇ Credit Card (\$25 minimum)- pay online at waynesboroymca.org & click on DONATE

MY TOTAL GIFT: \$ _____

- ◇ Securities-Please call Beth at 717-762-6012 ext. 103
- ◇ 12-Month Draft Pledge Monthly: \$ _____
(We will contact you for more information.)

SIGNATURE Your signature is required to authorize your gift/pledge

Signature _____ Date _____

Thank you for supporting our Save our Pool! Drive

